

BUREAU OF INFORMATION

NATIONAL SOCIETY FOR CRIPPLED CHILDREN, ELYRIA, OHIO

BULLETIN ON CURRENT LITERATURE

OF INTEREST TO CRIPPLED CHILDREN WORKERS

Vol. I, No. 9

September, 1940

Contents

Articles of general interest.....	1
Crippling conditions.....	4
Education.....	6
Prevention - accidents.....	7
List of periodicals from which articles used here were abstracted.....	7

This Bulletin is a monthly service of the National Society for Crippled Children to its affiliated societies and to its Institutional Members - hospitals, homes, schools, service groups, social work organizations, colleges and universities offering professional training for workers with the crippled, state agencies interested in prevention, treatment, education, or vocational rehabilitation, and interested lay and professional individuals.

Any publication listed or digested here may be borrowed free of charge from the Bureau of Information of the National Society. Bibliographies listing similar articles, or loan package libraries containing additional literature on any of the subjects discussed in these articles, will be sent to any crippled children worker or student on request.

We do not attempt to list or review here articles published in THE CRIPPLED CHILD Magazine or THE CRIPPLED CHILD BULLETIN, because all individuals and organizations receiving this Bulletin also receive these two periodicals and all other publications of the National Society as part of the privilege of their membership.

Further information on the work of the Society, on responsibilities and privileges of Institutional Membership, and on any other phase of work for crippled children will be sent upon request.

Lillian Dowdell, Librarian

ARTICLES OF GENERAL INTEREST

Annual report prepared on Crippled Children's Services for the State Elk's Convention at Dickinson, June 10, 1940. Children's Bureau, Public Welfare Board of North Dakota, Bismarck, North Dakota. 10 pages. Mimeographed.

The ten Elks Lodges of North Dakota contributed \$5000 to the Crippled Children's Services in 1939, to help match Federal funds. They also sponsored itinerant diagnostic clinics and paid for X-rays taken at the clinics. This report is an account of the way in which their contribution and other available money was used in providing medical and corrective care, physiotherapy treatments, hospitalization, convalescent and boarding home care, necessary braces, artificial limbs and other apparatus, and even camping experience.

The report tells also of services and funds contributed by other volunteer groups and individuals.

Arey, Margaret S., R.N. The poliomyelitis epidemic in Charleston County, S. C. The Child, August, 1940. Vol. 5, No. 2, pg. 43.

In the epidemic of poliomyelitis which struck South Carolina from November, 1938, to September, 1939, there were a total of 448 cases, 189 of which were in Charleston County.

To help meet the emergency, the State Health Department "borrowed" four orthopaedic public health nurses from the Community Health Association in Boston and the New York State Department of Health. One of these nurses, the author, has been retained in South Carolina, in the Charleston County district, to help supervise the follow-up care on the victims of the epidemic, and she tells in this article how the work has been organized.

The article describes several educational projects, such as lecture courses and home visiting demonstrations, instituted for the state public health nurses and local hospital, private-duty, insurance-company, and WPA nurses. It tells how nursing, physiotherapy and other services, as well as equipment and supplies, have been provided through cooperation of the health department, the State Crippled Children's Division, the Crippled Children's Society of South Carolina, the National Foundation for Infantile Paralysis, and other interested volunteer groups.

Hilleboe, H. E., M.D. and Murdoch, R. N. Increase in registration of crippled children in Minnesota, January, 1937 to January, 1940. The Child, August, 1940. Vol. 5, No. 2, pg. 40.

"Although the Bureau for Crippled Children in Minnesota was started in June 1936, it was not until the first of January 1937 that a current register of known crippled children was established on a state-wide basis. ...

"The 5,718 crippled children known to the Bureau on January 1, 1937, consisted mainly of children on the registers of public hospitals and the Shriners' Hospital for Crippled Children. On January 1, 1940, 9,801 crippled children were known to the Bureau. This represents an actual increase of 4,083 crippled children registered and a relative increase of 71 percent in registration. ...

"Two factors are thought to be largely responsible for this large increase in the rate of known crippled children in Minnesota: First, the field nursing service; and, second, the itinerant field diagnostic and follow-up clinics. The field

nursing service has concentrated on locating new cases by working in close cooperation with general practitioners, local nurses, welfare workers, school teachers, and religious workers in the actual field of operation which embraces the local community and rural homes. The statistical staff of the Bureau for Crippled Children provided the nurses with a valuable administrative tool by making statistics available on a district basis to each district nurse so that she could plan her work accordingly. Maps were prepared showing which counties had low rates, with the implication that many crippled children were not yet located and that something should be done to ferret out new cases. ..."

How to give to the cause of the crippled child without money. News Letter of the Oklahoma Society for Crippled Children, Inc., August, 1940. Vol. 15, No. 8, pg. 4.

This is a radio talk addressed to the people of Oklahoma--a sample of educational publicity. The following are a few quotations from this address:

"...please do not feel for a moment that I discount the importance of preventive measures, remedial treatment and educational measures for the crippled child. These are accepted as essential. But, along with these measures, the development of a sane and proper attitude on the part of citizens toward the crippled child is an equally important and far less emphasized factor in preparing the child for a useful and normal living."

"Frankly ask yourself, 'What is my attitude toward a crippled child?' Are you indifferent, or do you look with askance as to why the Divine has sent such a visitation upon the child? Do you wonder what sins of the father or mother are thus manifested, or what hereditary trait is involved? Well, we are not here to scold nor to criticize this all too common and unjust attitude, but please consider carefully for just a few moments. How can a child develop normally under the atmosphere of such an attitude? ... Let me hasten to emphatically state that this questioning and suspicious attitude on the part of the uninformed is unscientific and unjust."

"Go to any crippled children's hospital in the country, your own hospital here in Oklahoma City. Check over the records of the physical examinations made upon entrance and you will find that there are no scientific grounds for isolating the crippled child on a hillside or making a social outcast of him. But there is every reason in the world for accepting him as a normal child, realizing at the same time that he can be made abnormal emotionally, mentally and socially by an incorrect and unjust attitude upon our part."

Ransom, John E. The Aetna Rehabilitation Clinic - an adventure in enlightened self-interest. Hospitals, September, 1940. Vol. 14, No. 9, pg. 87.

"... In order to protect themselves against the losses entailed in paying compensation to injured employees, as well as the costs of medical and hospital care, many employers insure with casualty insurance companies. ... One of the companies which writes this type of insurance is the Aetna Casualty and Surety Company of Hartford, Connecticut. ...

"Some years ago, officials of the Aetna Company became concerned about certain of its closed cases. The records of some of these cases bore such designations as "permanently disabled," "complete loss of use of right hand," "seventy-five per cent total disability." ... On the degree of permanent disability depended the amount of compensation for which the company was liable. Could something be done to still further reduce the degree of disability, and at the same time to increase

the employability and general usefulness of some of these victims of the hazards of modern industry? ...

"Officials of the Aetna contacted Dr. Charles P. Hutchins, of Syracuse, New York, who at the time was in charge of rehabilitation work of United States Hospital Number 28, located at Fort Sheridan, Illinois. ...Under his personal direction the Aetna Rehabilitation Clinic had its very modest beginning in a single room in an office building in Syracuse. The personnel consisted of Dr. Hutchins and one technician. This was in 1922. ...

"The staff, the quarters and the equipment have been increased as the work has developed. Today the clinic has a staff of seven, including physicians, physical and occupational therapists and clerical personnel. It occupies more than 3,000 square feet of floor space, and is equipped with every type of modern physiotherapeutic apparatus which years of experience have demonstrated to be effective in the treatment of post-surgical cases. ...There is also a curative workshop for occupational therapy. The equipment of this department consists of various kinds of simple gymnastic equipment and the tools and other apparatus for work in various crafts. ...

"Patients, if employees of an Aetna policy holder, may be sent to the clinic from any branch office of the company, anywhere in the United States. ...The company pays the patient's traveling expenses to and from Syracuse and gives him an allowance to cover his living expenses while there. In a brochure prepared by the clinic management appears the following statement, based on eighteen years experience:

'Most patients, when arriving at the clinic, are mentally depressed and discouraged. ...They face a dark future, for they cannot resume their former occupations and are doomed apparently to lives of inactivity. For a few days this low mental condition continues, but as the long-idle muscles gradually regain their strength and flexibility, hope of recovery soon returns. ...The association with other men, each similarly afflicted, has a tonic effect which, in combination with the curative treatment and exercise, stimulates each patient to greater directed effort.

'The length of treatment varies with each case; some patients being discharged after two or three weeks, while others remain at the clinic for two months or more. Of course it is impossible to effect complete recovery in every case... Even in those cases where it is impossible to regain original dexterity and strength, the injured workman learns how to make the necessary adjustments, both physical and mental, in order to again become self-sustaining.'

"In a circular addressed to some of its policy holders, the Aetna has this to say:

'...The expense of maintaining the Aetna Rehabilitation Clinic is fully met by savings effected in claim payments. For by changing many cases from permanent and total disability to partial disability there is a considerable aggregate reduction in compensation awards. ...

'Frequently, skilled workmen who have been injured but restored to usefulness through the ministrations of the Aetna Rehabilitation Clinic, are perfectly competent to resume their former work, handicapped but slightly by their injuries. By making this restorative service available for your employees you are demonstrating the most practical sort of humanitarianism and at the same time increasing plant morale and employee good-will.'"

CRIPPLING CONDITIONS

Brown, Spencer F. and Oliver, Dorothy. A qualitative study of the organic speech mechanism abnormalities associated with cleft palate. The Journal of Speech Disorders September, 1940. Vol. 5, No. 3, pg. 265.

Doane, Joseph C., M.D. Caring for cardiac patients. The Modern Hospital, September, 1940. Vol. 55, No. 3, pg. 84.

This article describes simply the hospital care needed for the chronic cardiac patient, and outlines the part played in treatment and prevention by the various professional groups represented on the hospital staff.

Evans, Ruth, R.N. Nursing care in osteomyelitis. The American Journal of Nursing, September, 1940. Vol. 40, No. 9, pg. 969.

Harbin, Maxwell, M.D. Osteomyelitis. The American Journal of Nursing, September, 1940. Vol. 40, No. 9, pg. 961.

"A rather general discussion of the problem of osteomyelitis is presented with a discussion of the bacteriology, pathology, and variations of the disease. The problem is discussed from the standpoint of the management of the patient with acute osteomyelitis, the duration of which is usually a period of weeks, with a consideration of the chronic phase of the disease and emphasis upon only a few of the more generally accepted forms of treatment."

Henderson, Florence M. The incidence of cleft palate in Hawaii. The Journal of Speech Disorders, September, 1940. Vol. 5, No. 3, pg. 285.

This article compares the rate of cleft palate cases per thousand live births in Hawaii, New Jersey, and Wisconsin, and points to the bearing these statistics have on the conjecture made in an earlier issue of The Journal of Speech Disorders by a different author--that the incidence of cleft palate may be positively correlated with hypothyroidism.

Hull, Henrietta C. A study of the respiration of fourteen spastic paralysis cases during silence and speech. The Journal of Speech Disorders, September, 1940. Vol. 5, No. 3, pg. 275.

Krusen, Frank H., M.D. Physical therapy in arthritis. The Journal of the American Medical Association, August 24, 1940. Vol. 115, No. 8, pg. 605.

Publication of this article in The Journal was authorized by the Council on Physical Therapy of the American Medical Association. The article points out that physical therapy, although it should not be used to the exclusion of other therapeutic procedures, is extremely important in the modern treatment of arthritis, and that many of the various forms of physical therapy can be adapted for home application under careful supervision of the physician and physiotherapist.

Patterson, Robert Lee, Jr., M.D. Obstetrical paralysis. The Physiotherapy Review, September-October, 1940. Vol. 20, No. 5, pg. 291.

"This article on Erb's Palsy is intended to point out some reasons for the failure of conservative treatment which makes operations necessary and also to discuss the various operations as to their indications, principles and results."

Rutherford, Bernice R., M.S. The use of negative practice in speech therapy with children handicapped by cerebral palsy, athetoid type. The Journal of Speech Disorders, September, 1940. Vol. 5, No. 3, pg. 259.

Stinchfield-Hawk, Sara, Ph.D. Dysarthria and dyslalia in crippled children. The Physiotherapy Review, September-October, 1940. Vol. 20, No. 5, pg. 282.

"Dysarthria is defined as a speech disorder due to disturbances of innervation to the muscles controlling the speech mechanism. It usually implies involvement of the central nervous system due to lesions affecting various parts of the brain or of the peripheral nerves. It may be associated with trauma, inflammatory conditions, febrile infections, degeneration or agenesis of parts of the central nervous system, as in encephalitis, poliomyelitis and birth injury, or may be a consequence of injury to the brain, sustained as a result of some childhood disease of unusual severity accompanied by high fever. The history of convulsions in early infancy also is highly significant in speech cases.

"The speech signs which help in the identification of the speech disorder vary from complete inarticulateness as in anarthria; to labored, difficult speech as in bradyarthria, to rapid, ataxic, staccato speech, or slow, difficult, spasmodic speech as in mogiarthria.

"...Such patients have been received in the speech clinic of the Orthopaedic Hospital of Los Angeles, under my direction, for the past eight years, in the weekly Saturday morning speech work.

"Children varying in age from two and one-half to eighteen years are referred by the members of the hospital staff. A student-teacher is assigned to work with the patient under the supervision of the director, and each patient is given individual training... Approximately half an hour is allowed for each individual speech "conference." Suggestions for follow-up work are given to the mothers, and their cooperation has much to do with the success of the training. ... Mimeographed outlines for home work often are given to the child to make the home work more definite, to serve as a reminder and to clarify objectives from the parents' point of view.

"By far the greater number of children received in the hospital speech clinic are dysarthria cases. Dyslalia stands in second place, with dysphemia or nervous speech disorders, such as spasmophemia or stuttering taking third place. The former director of the clinic, the late Dr. Charles Stivers, found in his survey that about nine per cent of the hospital cerebral palsy cases had speech defects, as against about two per cent of ordinary public school children. We find the percentage, over the last eight years, to be even higher. ...

"Dyslalia differs from dysarthria in that there is no cerebral involvement, the central nervous system being intact; but there may be functional or organic defects and deficiencies which account for the presence of the speech difficulty. Of such a nature are post-operative cleft-palate cases in which the excessive nasality persists even after a successful surgical operation. ...

"Speech training often is a helpful prophylactic measure in the education of the crippled child of any type. It is by no means hopeless to give such training to children of limited intelligence, as any child is happier when he is able to communicate with others, to make his wants known and to realize greater social satisfaction through the magic of speech. ... Speech training should be begun the moment a child shows the need of correction for defective articulation or if he is delayed beyond the average age for learning to talk. ..."

EDUCATION

Fifield, Enid G. The physiotherapy program in a school for crippled children. The Journal of Health and Physical Education, September, 1940. Vol. 11, No. 7, pg. 419.

Maurer, Katharine M. Mental measurement of children handicapped by cerebral palsy. The Physiotherapy Review, September-October, 1940. Vol. 20, No. 5, pg. 271.

"...Many of these children, besides suffering motor disabilities of various degrees, possess sensory defects as well, making the administration of tests very difficult indeed. Added to this, there is the very probable accompaniment of a restricted social environment due to the crippled condition. ...Because of these environmental limitations every child of this group who is capable of any response which may be characterized as intelligent should be given a trial with an educational program before he is given up as uneducable. For those whose defects are not so extreme as to render them untestable, tests should be included in their diagnostic study, but the interpretations of the tests should be carefully checked with all other available evidence; the parents' report of social adequacy, the teacher's report of educational progress, the physician's and the physical therapist's reports of the patient's ability to carry out instructions. ...

"In the past the problems of testing this group of children have been met in two ways. Standardized tests have been used, the examiner estimating the degree to which common experience has been lacking and interpreting the results accordingly, or a series of special tests selected for the purpose of obtaining the maximum response have been used, for which very frequently no satisfactory standards based on normal children have been available for comparative purposes.

"Before coming to any conclusion as to which of these procedures can best serve our purposes in determining the intelligence of this group of children it will be well to state clearly just what these purposes are. First of all, a survey of the intelligence of the group as a whole may be sought (so far, only rather limited samples have been tested). Secondly, and perhaps more important at the present time, we want to use the tests to make plans for individual children. ... what we want to know about this child is what we want to know about every child--normal as well as handicapped--what chance has this child to compete successfully in a world made up of normally functioning people?

"Since our purposes in attempting to ascertain the mental level of this group of children are essentially the same as they are for all children, it appears reasonable that the standardized tests are the best tests to use. ... We want to know how many of the things that normal children of his age do, he can do. ...

"The examiner who is to handle these special cases needs not only to be thoroughly familiar with her instruments, but she also needs to know something of the peculiarities of children with cerebral palsy. She must realize fully how easily they fatigue and meet this problem by breaking up the testing periods into rather short units. She must use all the techniques possible to put the child at his ease and reduce tension to the minimum. She must train herself to listen calmly and without impatience to his halting speech. She must in every way through her manner encourage him to make the best effort of which he is capable. A preliminary interview with the child's mother is very valuable in estimating the kind of training the child has had ... Not even the best of examiners can overcome, in an hour or two, the effects of years of bad home training, whether the child is normal or handicapped. And finally, she must have enough courage to say that she has not been able to come to any conclusions regarding the child's mental level if, after using every resource at her command, this is indeed the case. ...

"The competent examiner, who knows the purpose of each item in the test used, often can make slight modifications of procedure without interfering with the value of the test. ...But until special schools and institutions have been set up to care for these children where they will compete only with their own kind, the standardized test will best serve us in making plans for them. ...Only by making comparisons with the normal child who sets the standards in the world at large can we predict what chance the handicapped child has to adjust satisfactorily outside of an institution which has been carefully planned to meet his needs."

P R E V E N T I O N - A C C I D E N T S

Accident Facts, 1940 edition. National Safety Council, Inc., 20 North Wacker Drive, Chicago, Illinois. 112 pages. 50¢ per copy (reduced prices for quantity orders).

This is the annual publication of the National Safety Council which gives pages of statistics on the accidents for the year just finished, and compares these statistics with those of previous years. It is profusely illustrated with charts, pictographs and maps, and also contains tables.

The booklet is meant to serve two purposes - first, to present vividly, by text and illustration, the salient characteristics of the past year's national accident experience; second, to provide tables that serve as a year-around reference for detailed statistics.

Reeder, Earl J. Deadly disease number 8. Hygeia, September, 1940. Vol. 18, No. 9, pg. 788.

Mr. Reeder, of the National Safety Council, indicates in this article some of the methods which are beginning to show results in the prevention of automobile accidents. He classifies these methods under the three "E's"--engineering, education and enforcement.

Periodicals

- The American Journal of Nursing, 50 West 50th St., New York City. Monthly. \$3.00 per year; 35¢ per copy.
- The Child, Govt. Printing Office, Washington, D. C. Monthly. \$1.00 per year; 10¢ per copy.
- Hospitals, 18 East Division St., Chicago, Ill. Monthly. \$3.00 per year.
- Hygeia, American Medical Association, 535 N. Dearborn St., Chicago, Ill. Monthly. \$2.50 per year; 25¢ per copy.
- The Journal of the American Medical Association, 535 N. Dearborn St., Chicago, Ill. Weekly. \$8.00 per year.
- The Journal of Health and Physical Education, 1201 Sixteenth St., Washington, D. C. Monthly, September to June, inclusive. \$2.00 per year; 35¢ per copy.
- The Journal of Speech Disorders, Dr. G. Oscar Russell, Ed., Derby Hall, Ohio State University, Columbus, Ohio. Quarterly. \$3.00 per year; \$1.00 per copy.
- The Modern Hospital, 919 N. Michigan Ave., Chicago, Ill. Monthly. \$3.00 per year; 35¢ per copy.
- News Letter from the Oklahoma Society for Crippled Children, Inc., 313 Franklin Bldg., Oklahoma City, Oklahoma. Monthly. 10¢ per year.
- The Physiotherapy Review, 737 N. Michigan Ave., Chicago, Ill. Bimonthly. \$2.50 per year; 50¢ per copy.